

**Higher Education Coordinating Board
Washington State Work Study**

ADMINISTRATIVE GRANT APPLICATION FORM

Grant Year:_____

Date Submitted:_____

Name of School:_____

Name of Contact:_____

Address:_____

Contact Phone Number:_____

Federal ID Number:_____

AMOUNT OF GRANT REQUESTED. *Attach an itemized budget and expenditures plan. List all expenditures for equipment as separate line items.*

TIMELINE FOR COMPLETING THE GRANT BY JUNE 30. *Attach an itemized timeline. Include specifics for each stage of the proposal.*

NATURE AND PURPOSE OF THE GRANT. *Describe what you intend to do and how you intend to do it. Use additional sheets if necessary.*

IMPACT OF THE GRANT. *How will the SWS Program be impacted as a result of receiving this grant? Be specific.*

RELATIONSHIP OF THE GRANT PROPOSAL TO THE BOARD'S 2000 MASTER PLAN. *Describe how the proposed activities relate to the HEC Board's Master Plan.*

JOINT PROPOSAL BENEFITS. *If this is an application for a joint proposal with other school/s or if you intend to engage in activities that will specifically benefit several schools, Specify which schools will benefit and how they will benefit. Be specific.*

PUBLICATIONS AND/OR RESEARCH REPORTS. *Do you expect to produce any publication as a result of the grant such as a brochure, article or advertisement? Do you expect to conduct a research?*

NATURE OF AUTOMATION SOUGHT? *If your grant proposal includes the acquisition of and/or training for an automated product, indicate the product, describe the nature and name of the product.*

I hereby affirm on behalf of _____, the institution receiving this SWS Administrative Grant, that no funds from this grant will be used to supplant budgeted institutional support. I further consent to the release of any information contained herein or on any other report and/or attachments submitted in regard to this request for funds to be used at the Higher Education Coordinating Board's discretion.

SIGNATURE

TITLE

PRINT NAME

TELEPHONE NUMBER